

IN THE US PATENT OFFICE

EXAMINER - Ngyuen

GROUP - 2171

SN - 09/900569

FILED - 7/5/01

BY - Ogino

SIRS:

I hereby certify that the correspondence upon which this notice is placed to being deposited with the US Postal Service as first class mall in an arrestope addressed to the Commissioner for Prisate, Box 1450 Alexandria, VA 22313, or to US Tredemark Onige, 2800 Crystal Drive, Artington, VA 22202, on the other set forth before MOONRAY KOOPAA, ATTORNEY

Date 9/17/03 (signed)

AMENDMENT

RECEIVED

SEP 2 5 2003

Technology Center 2100

Responsive to the OA of 8/6/03, please amend the above as follows:

ABSTRACT.. Kindly substitute the new Abstract set forth on "new page 43".

CLAIMS

Claims 1-30, previously cancelled.

Claims 31-58, cancelled herewith.

Add claims 59-75, attached hereto in Appendix A-E.

REMARKS

Claims 59-75 are in the application replacing claims 31-58 which have been cancelled to expedite prosecution. The newly drafted claims 59-75 now avoid the Section 102 and 103 rejections and avoid the Section 112 objections. A new Abstract is filed herewith (although we are puzzled by the objection that an Abstract cannot be one sentence).

Claims 59-70 are directed to the system. Claims 71-75 are 2, directed to methods shown in FIGS./4,7,9,13 and 18. Namely..

Claim 71 encompasses all of those figures. Claim 72 is directed to FIG. 4. Claim 73 is directed to FIGS. 7, 9. Claim 74 is

0	ا ا	P	Ė	ė)
SEP	2	2	2013	FICE 60

RECEIVED

EXAMINER - Ngyun GROUP - 2171 SN - 09/900,569 FILED - 7/5/01 BY - Ogino			SEP 2 5 2003 Technology Center 2100 FEE CALCULATION I hereby cartify that the correspondence up at this metice is placed is being deposited with the University with the University of the Un			
[] Applicat	s: [x] Non-small ent	ity	DATE	issioger of Patent a spt forth below y ROJIMA, ATTORY	s Washington	
[] Small Er	tity; [] cert. filed	herewith	l [] Cert.	filed p	riorly	
E N N	Basic Fee Main claims (-3) Cotal Claims (-20) Multiple Dep. [] Yes [- 	
<u>AMENDMENT</u>	After Amend.	Highst Prior		•		
Basic Fee		FITOI			\$ 0	
(2) Main claims	(-3)0 (-)	0 =	<u> </u>	<u> </u>	<u> </u>	
(16) Total Claims	s (-20) <u>0</u> (-)	_18 =	= <u> </u>	<u>; </u>	= \$ 0	
Multiple Dep	o. 1st time $[\]$ Yes $[_{ m X}$] No.	DEFICIE	1CY	\$ <u>0</u> \$ 0	
FEE DUE \$	[] Enclosed h				ched.	
MOONRAY KOJ	IMA		K9994C19	rattà,		

MOONRAY KOJIMA BOX 627 WILLIAMSTOWN, MA 01267 -Tel (413)458-2880 Respectivilly,